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Testimony on House Bill 5053 An Act Increasing Access to Overdose Reversal Drugs Public Health Committee February 16, 2016

Senator Gerratana, Representative Ritter and members of the Public Health Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS) and the organizations listed above, thank you for the opportunity to present this testimony to you today on House Bill 5053 An Act Increasing Access to Overdose Reversal Drugs. This proposed legislation would require municipalities to equip primary emergency medical service providers with the life-saving overdose reversal drug naloxone. Further, it would require health insurance policies to provide coverage for the drug. CSMS supports both of these provisions.

Pharmacologically, naloxone is an opioid antagonist which rapidly sweeps away prescription or illicit opioids from the brains of overdose victims, restoring normal respiratory function. In public health terms, wider availability of naloxone will reduce the mortality of Connecticut's leading cause of unintentional deaths of our young people. At the present time, naloxone is the drug of choice to reverse opioid overdoses. It has no "street value," is inexpensive and is not a scheduled or controlled drug. There is no possibility for abuse. Education for proper use is readily available through the Department of Mental Health and Addiction Services (DMHAS) which has developed a protocol for the training of naloxone prescription recipients. In addition, most health insurance policies provide coverage for naloxone. It is imperative that any person who walks into a pharmacy asking for naloxone be considered a 'stakeholder' who could possibly save a life and should receive the medication.

CSMS has supported and lobbied for the expanded availability and use of naloxone. We have seen increased ability for this drug to be available and used to expand beyond physicians to first responders, family and loved ones. In addition, we have expanded the ability of pharmacists with proper training to dispense naloxone without the prescription from a physician. Through these efforts, hundreds of lives have been saved in a very short period of time.

However, the increased demand for naloxone literally comes with a cost. As more municipalities, friends and families seek the drug, as with all pharmaceutical prices, it has become more expensive to obtain the drug. Addiction is an expensive disease often ravaging families financially. Coupled with the fact the increasing number of families must choose health plans with incredibly high deductibles to simply afford coverage, it becomes imperative that the availability of naloxone be a required benefit. We think all would agree that none of us want to hear stories of savable lives lost due to lack of affordability of the drug that could have prevented it.

In closing, while we fully support this legislation, we would be remiss not to take the opportunity to once again, implore you to increase efforts to not just treat the symptom but the disease. We again ask that more effort be placed in identifying addiction and resources available to treat the increasing number of our citizens suffering from this disease.